



Council/Agency Meeting Held: _____		_____ City Clerk's Signature
Deferred/Continued to: _____		
<input type="checkbox"/> Approved <input type="checkbox"/> Conditionally Approved <input type="checkbox"/> Denied		
Council Meeting Date:	1/7/2008	Department ID Number: FD 08-001

**CITY OF HUNTINGTON BEACH
REQUEST FOR CITY COUNCIL ACTION**

SUBMITTED TO: HONORABLE MAYOR AND CITY COUNCIL MEMBERS

SUBMITTED BY: PAUL EMERY, Interim City Administrator 

PREPARED BY: DUANE OLSON, Fire Chief 

SUBJECT: ADOPT FEE RESOLUTION FOR REVISION OF THE CITY'S
FIREMED FEE SCHEDULE FOR EMERGENCY MEDICAL SERVICES

Statement of Issue, Funding Source, Recommended Action, Alternative Action(s), Analysis, Environmental Status, Attachment(s)
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Statement of Issue: The Fire Department is requesting approval to adjust user fees to improve and/or maintain the Fire Department's emergency medical services.

Funding Source: Not applicable.

Recommended Action: **Motion to:** Adopt Fee Resolution 2008 - 01_____, amending Resolutions No. 2006-55, Revision of the City's FireMed Fee Schedule for Emergency Medical Services.

Alternative Action(s):

- 1) Hold the Public Hearing and adopt only a portion of the fees.
- 2) Do not adopt any of the recommended fees.

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REQUEST FOR CITY COUNCIL ACTION

MEETING DATE: 1/7/2008

DEPARTMENT ID NUMBER: FD 08-001

Analysis: FireMed user fees were last reviewed by the City Council during a Public Hearing held on September 5, 2006. At that time, fee revisions were authorized by the City Council to conform to changes approved by the County of Orange Health Care Emergency Medical Services Agency (OCEMSA) and to recover costs for Basic and Advanced Life Support (ALS) services and emergency ambulance transportation.

The FireMed Program provides several benefits to the community by funding:

- Complete cost of twelve (12) Firefighter Paramedic positions
- Free CPR training to all FireMed members
- Funding for all Ambulance Program costs
- Funding for the Quality Assurance Program
- Funding for two Mechanic III positions in the Fire Shop
- Funding for a GIS Analyst for emergency incident mapping
- Emergency Medical Information Program for better customer care
- Funding for the purchase of emergency apparatus and equipment, including paramedic engines and ambulances
- Funding for all emergency medical service and transportation supplies and medications
- Enhancing the operational readiness of City fire stations through equipment and facility upgrades

City Ordinance section 8.68.110 allows revenues derived from the FireMed Program to be used to improve and maintain the City's emergency medical services system. The proposed rate and fee adjustments will maintain response levels and activity in the Fire Department.

Revision to FireMed Emergency Medical Services Fee Schedule

Resolution 2008 - 01 (Attachment 1) includes the user fee schedule proposed by staff for approval by the City Council. A Notice of Public Hearing (Attachment 2) was published. This schedule represents fees for emergency transport, basic and advanced life support, supplies and medications, additional specialized ALS services, emergency medical assessment and membership rates, effective January 9, 2008.

Adjustment to Emergency Transportation Rates

To recover operating costs, staff proposes to adjust existing emergency transportation fees to coincide with the OCEMSA ground ambulance service rates adjustment authorized by the County of Orange Board of Supervisors, effective October 16, 2007 (Attachment 3). Current and proposed Huntington Beach Fire Department ambulance rates are compared with the approved Orange County ambulance rates in Table 1 that follows.

REQUEST FOR CITY COUNCIL ACTION

MEETING DATE: 1/7/2008

DEPARTMENT ID NUMBER: FD 08-001

Analysis (continued)

Table 1: Current and Proposed Rates for Ambulance Program Fees

TYPE OF CHARGE	HBFD CURRENT	OCEMSA Effective 10/16/07	HBFD PROPOSED
Emergency BLS Basic Rate (transportation)	\$601.50	\$ 640.00	\$ 640.00
Mileage	13.75	14.75	14.75
Oxygen (includes mask or cannula)	68.25	72.50	72.50
Expendable Medical Supplies (inclusive fee for various disposable items)	26.75	28.50	28.50

To determine rate adjustments, OCEMSA used a new methodology for determining emergency ground ambulance rates. The County of Orange Board of Supervisors approved their recommendation, which was to use 150% of the Los Angeles-Riverside-Orange County "All Items" Consumer Price Index. This year, these rates increased by 5.13% overall.

For related support services provided by the City, and for the replacement of franchise fees, FireMed Administration transfers \$576,064 from revenue to the General Fund, and the Ambulance Program transfers \$181,000, for a total of \$714,144 annually.

Supplies and Medications

For the FireMed User Fee Schedule A for Advanced Life Support Supplies and Medications, staff proposes a 12% decrease of the fees charged for existing supplies. This decrease is a result of reduced purchasing costs in the past year.

This year, Orange County Emergency Medical Services Agency added new supplies and medications as a result of new procedures and standards for prehospital emergency medical care. With the inclusion of the supplies and medications needed to comply with county standards, the overall fee schedule increases by 19%. Supplies and medications are priced at actual cost recovery plus administrative processing.

Additional Specialized ALS Services

Staff proposes increasing the Additional Personnel rate to reflect the increased cost of MOU wages, but maintaining all other Additional Specialized ALS Services at existing rates. These fees recover costs of training and equipment costs for vital diagnostic protocols, such as the 12-Lead EKG Acquisition that provides information to paramedics so that cardiac patients may be transported directly to a cardiac center. Current and proposed rates for Additional Specialized ALS Services are located in Table 2 that follows.

Table 2: Current and Proposed Rates for Additional Specialized ALS Services

TYPE OF CHARGE	CURRENT	PROPOSED
Defibrillation	\$ 55.00	\$ 55.00 (no change)
Advanced Airway	70.00	70.00 (no change)
Additional Personnel	57.00	58.00 (increase)
12-Lead EKG Acquisition	100.00	100.00 (no change)

REQUEST FOR CITY COUNCIL ACTION

MEETING DATE: 1/7/2008

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Analysis (continued)

In summary, the new rate schedule permits the City's emergency medical service programs to maintain current levels of service while reducing impacts on the General Fund. Staff recommends the adoption of the revised rate structure contained in the attached resolution.

Strategic Plan Goal: C-2 City Services: Provide quality public service with the highest professional standards to meet community expectations and needs, assuring that the city is sufficiently staffed and equipped overall.

Environmental Status: None

Attachment(s):

City Clerk's Page Number	No.	Description
5	1.	Resolution No. 2008 - <u>01</u> , Revision of the City's FireMed Fee Schedule for Emergency Medical Services
10	2.	Notice of Public Hearing – Revision of the City's FireMed Fee Schedule for Emergency Medical Services
12	3.	County of Orange Health Care Emergency Medical Services Agency (OCEMSA) Revision to Maximum Emergency Ground Ambulance Rates Effective October 16, 2007.
14	4.	PowerPoint Presentation

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ATTACHMENT #1

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RESOLUTION NO. 2008-01

A RESOLUTION OF THE CITY COUNCIL OF THE
CITY OF HUNTINGTON BEACH SETTING ADVANCED LIFE SUPPORT,
BASIC LIFE SUPPORT, EMERGENCY AMBULANCE TRANSPORTATION,
MEDICATIONS AND SPECIALIZED SUPPLY FEES TO BE CHARGED BY
THE FIRE DEPARTMENT OF THE CITY OF HUNTINGTON BEACH

WHEREAS, Section 8.68.070 of the Huntington Beach Municipal Code provides that the City Council shall by resolution establish fees for all recipients of Advanced Life Support, Basic Life Support and Emergency Ambulance Transportation services provided by the City of Huntington Beach Fire Department; and

FireMed user fees were last revised by the City Council pursuant to Resolution No. 2006-55;
and

In order to assist in defraying the cost of paramedic and ambulance services, the City Council desires to revise fees to be paid by persons who utilize or benefit from having said paramedic and ambulance services readily available; and

The fees hereinafter established do not exceed the estimated reasonable cost of providing paramedic and emergency ambulance services in the City of Huntington Beach for which the fees are charged,

NOW, THEREFORE, BE IT RESOLVED by the City Council of the City of Huntington Beach that the fees set forth herein below are hereby established as follows:

<u>Voluntary FireMed Membership</u>	<u>Annual Fee</u>
Household	\$60.00
Low Income Household	\$30.00
Business – First three (3) employees	\$60.00
Each additional group of three employees	\$60.00

Fire Department ALS/BLS Fees

Basic Life Support (BLS)-

Emergencies requiring Basic Life Support services rendered by paramedics and/or EMT personnel	\$225.00
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Advanced Life Support (ALS)-

Emergencies requiring Advanced Life Support services rendered by paramedic personnel	\$325.00
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Additional Specialized ALS services provided:

• Defibrillation	\$55.00
• IV tubing; solutions; drugs; special supplies	Schedule A
• Advanced Airway	\$70.00
• Additional Personnel	\$58.00
• 12-Lead EKG Acquisition	\$100.00

Fire Department ALS/BLS Assessment Fees**Basic Life Support (BLS) Assessment –**

Emergencies requiring Basic Life Support services rendered by paramedics and/or EMT personnel when the patient is not transported to a hospital and is released at scene \$225.00

Advanced Life Support (ALS) Assessment –

Emergencies requiring Advanced Life Support services rendered by paramedic personnel when the patient is not transported to a hospital and is released at scene \$325.00

Fire Department Emergency Transport Fees

Type	Basis for Fee	
Emergency	Applicable at time of request for Base Rate ambulance response	\$640.00
Mileage	Per patient-transported mile or fraction thereof	\$14.75
Oxygen	Applicable when oxygen is administered and includes mask or cannula	\$72.50
Medical Supplies	Utilized by patient during incident	Schedule A
Expendable Medical Supplies		\$28.50
Advanced Life Support (ALS) Medications		Schedule A

Exemption And Reduction Of Charges

Determination for an exemption or reduction of fees shall be made by the Fire Chief. His findings shall be based on the following criteria:

(a) **FireMed Membership Fees – Low Income Household:**

Persons who wish to participate in the FireMed Membership program but are unable to pay the full membership fee because of hardship conditions may enroll at the "Low Income Household" rate. Determination shall be based on "HUD Income Guidelines – Very Low Income Category" currently on file at the City's office of Economic Development.

(b) **User Fees – Inability to Pay:**

Persons receiving emergency medical services from the Huntington Beach Fire Department and claim an inability to pay may apply to the Fire Chief for a reduction of charges. The Fire Chief will evaluate the availability of insurance, government assisted programs and total household income to determine the reduction of fees. The Fire Chief may reduce fees to no less than the annual membership fee.

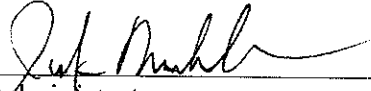
BE IT FURTHER RESOLVED that the effective date of the fees set forth in this resolution shall be on 01/09/2008. Nothing contained herein shall prohibit the combining of any Fire Department ALS/BLS, ambulance transportation, medication, or supply fee for billing purposes.

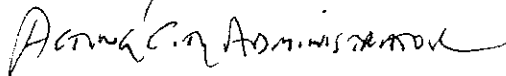
BE IT FURTHER RESOLVED that all resolutions in conflict herewith are hereby repealed.

PASSED AND ADOPTED by the City Council of the City of Huntington Beach at a regular meeting thereof held on the _____ day of _____ 200__.

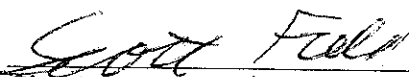
Mayor

REVIEWED AND APPROVED:


City Administrator



APPROVED AS TO FORM:


City Attorney 12-18-07

INITIATED AND APPROVED:


Fire Chief

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FIRE DEPARTMENT EMERGENCY TRANSPORT FEES, SCHEDULE A**SUPPLIES**

ITEM	PRICE
12 Lead	\$ 10
Aerosol Mask	2
Airway NP	6
Armboard	2
Bag Valve Mask	26
Bedding Pack	2
Blanket, Disposable	8
Blanket, Fabric	14
Burn Pack	90
Capnography	32
Cold Pack	2
Combitube	106
Communicable Disease Kit	16
Defib Pads	58
Electrode Set	2
Emesis Basin	4
ET Kit	20
Gloves, pair	2
Glucose Strip	2
Hip Wrap	6
Irrigation Solution	4
IV Bag and Tubing	10
IV Kit and Cath	4

ITEM	PRICE
IV Needles, additional	2
Major Trauma Kit	4
Minor Trauma Kit	2
N95 Mask	4
Nebulizer	2
Needle Thoracostomy	170
OB Kit	14
Oral Airway	4
Pillow	8
Pulseoxymeter	2
Saline Lock	4
Sharps Container	10
Soft Restraints	8
Spinal Immobilization	24
Splint	2
Suction Kit	10
Syringe	2
Tourniquet, Combat App.	62
Tourniquet, Mech. Adv.	2
Triangular Bandage	2
Urinal/Bed Pan	2
V Vac	30
Vacuum Splint	40

MEDICATIONS

ITEM	PRICE
Adenosine 6mg/2ml	\$ 90
Adenosine 12mg.4ml	174
Albuterol	2
Amiodarone	24
Aspirin, low dose	2
Atropine	4
Atropine Vial	2
Benadryl	4
Dextrose	4
Dopamine	4
EPI 1:1,000 - 1cc AMP	2
EPI 1:1,000 - 30cc VIAL	4
EPI 1:10,00 - 10cc SYR	8
Glucagon	216

ITEM	PRICE
Glucose, Oral (sol/tab)	4
Lidocaine	6
Midazolam	30
Morphine Syringe	18
Morphine Vial	2
Naloxone	8
Nitrospray	4
Normal Saline Pillow (nebulized)	2
Normal Saline Vial	2
Sodium Bicarb	6
Sodium Thiosulfate	36

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ATTACHMENT #2

**NOTICE OF PUBLIC HEARING
CITY OF HUNTINGTON BEACH**

**REVISION TO THE CITY'S FIREMED
EMERGENCY MEDICAL SERVICES FEE SCHEDULE**

NOTICE IS HEREBY GIVEN that a public hearing will be held by the City Council of the City of Huntington Beach in the City Council Chambers of the Civic Center located at 2000 Main Street, Huntington Beach, California, at the hour of 6 p.m. or as soon thereafter as possible on Monday, the 7th of January, 2008, for the purpose of considering revisions to the City's FireMed user fee schedule. All proposed revisions are cost recovery in nature.

It is proposed that a new rate schedule be adopted which will require higher fees to be paid by persons, or their respective insurance companies, that use the City's Emergency Medical Services system.

The types of fees under consideration for revision include emergency ambulance transportation, specific medications, and related paramedic supply charges. The Huntington Beach Fire Department is proposing a revised user fee schedule that recovers the increased cost of these items or services.

A complete report detailing proposed revisions to the FireMed Emergency Medical Services fee schedule is available for review by the public at City Hall, 2000 Main Street, in the City Clerk's office between the hours of 8:00 a.m. and 5:00 p.m., Monday through Friday. Interested persons may also contact the Fire Department at 2000 Main Street, Huntington Beach, California 92648 to receive additional information.

All citizens are invited to attend the public hearing and provide the City Council with written and oral comments or ask questions concerning proposed revisions to the City's FireMed Emergency Medical Services fee schedule.

The City of Huntington Beach endeavors to accommodate persons of handicapped status in the admission or access to, or treatment or employment in, City programs, or activities. The City of Huntington Beach is an equal opportunity employer.

Dated: _____

**CITY OF HUNTINGTON BEACH
JOAN FLYNN, City Clerk
2000 Main Street
Huntington Beach, CA 92648
Telephone: (714) 536-5227**

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ATTACHMENT #3



COUNTY OF ORANGE HEALTH CARE AGENCY

HEALTH DISASTER MANAGEMENT EMERGENCY MEDICAL SERVICES

JULIETTE A. POULSON, RN, MN
DIRECTOR

TERRE DUENSING
DIVISION MANAGER
HEALTH DISASTER MANAGEMENT

GREGORY L. BOSWELL, RN
EMS PROGRAM MANAGER

SAMUEL J. STRATTON, MD, MPH
MEDICAL DIRECTOR

405 W FIFTH STREET, SUITE 301
SANTA ANA, CALIFORNIA 92701

TELEPHONE: (714) 834-3500
FAX: (714) 834-3125

October 23, 2007

To: Orange County Fire Chiefs
Orange County City Managers
Orange County Ambulance Service Providers

From: Gregory L. Boswell, Program Manager
Emergency Medical Services

Subject: **Revision to Maximum Emergency Ground Ambulance Rates:
Effective October 16, 2007**

Per Orange County Board of Supervisors Resolution No. 07-183, dated October 16, 2007 the following revised emergency basic life support ambulance rates are in effect.

TYPE OF CHARGE	BASIS FOR CHARGE	RATE
Emergency BLS Base Rate	Applicable for urgent or Code 3 response at the request of a public safety employee.	\$640.00
Mileage	Per patient mile or fraction thereof.	\$ 14.75
Oxygen (includes mask or cannula)	Applicable when administered.	\$ 72.50
Standby	Per 15 minutes after the first 15 minutes and any fraction thereof.	\$ 35.75
Expendable Medical Supplies	Maximum per response or fair market value, whichever is least.	\$28.50

Additionally, the ALS Paramedic Assessment and Transportation fee has been increased to \$339.00. To ensure a smooth transition the ALS fee will be effective November 1, 2007.

If you have any questions, please contact Patrick Powers, BLS Program Coordinator at (714) 834-6233.

Attachment: Minute Order October 16, 2007

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ATTACHMENT #4

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**Revision of the
City's FireMed Fee Schedule for
Emergency Medical Services**

Huntington Beach Fire Department

January 7, 2008

Overview

- **FireMed Program Authorized by Municipal Ordinance in 1990 to:**
 - **Maintain Paramedic Delivery System Cost**
 - **Offset New Costs**

FireMed Program Benefits

- Paramedics in EVERY Fire Station
- Faster Advanced Life Support Emergency Intervention
- Improved Emergency Medical Equipment
- Ambulance Personnel Trained in and Familiar with Fire Department Operations
- Emergency Transport Ambulances
- State-mandated Quality Assurance Program
- Community CPR Classes

Current Status

- Funding Commitments for:
 - General Fund Personnel Savings
 - Quality Assurance Program
 - Fire Shop Staffing
 - Ambulance Personnel
 - Ambulance Units
 - Emergency Medical Supplies
 - Emergency Medical Equipment
 - Fire Station Facility Upgrades

Staff Recommendations

- **Orange County Emergency Medical Services Agency (OCEMSA) Fee Modification for Emergency Ambulance Transport Services** *overall increase of 5.13%*
 - OCEMSA uses 150% of the Los Angeles-Riverside-Orange County "All Items" Consumer Price Index
 - Adjustments due to higher operational costs, including fuel, employee healthcare and inflation
 - Yearly reviews result in moderate adjustments rather than substantial (though less frequent) increases
- **Fee Modification for Advanced Life Support Supplies and Medications** *overall increase of 19%*
 - Adjustments due to reflect increased or decreased purchasing costs
 - OCEMSA periodically changes protocols for medications and equipment due to treatment advancements, affecting overall costs

Proposed FireMed Fee Schedule

- **Current and Proposed Ambulance Rates**

TYPE OF CHARGE	HBFD CURRENT	OCEMSA RATE <i>Effective 7/1/2006</i>	HBFD PROPOSED
Emergency BLS Basic Rate (transportation)	\$ 601.50	\$ 601.50	\$ 640.00
Mileage	13.75	14.75	14.75
Oxygen	68.25	72.50	72.50
Expendable Medical Supplies	26.75	28.50	28.50

Overall Increase of 5.13%

Proposed FireMed Fee Schedule

▪ Additional Specialized ALS Services

TYPE OF CHARGE	CURRENT	PROPOSED
Defibrillation	\$ 55.00	\$ 55.00 <i>(no change)</i>
Advanced Airway	70.00	70.00 <i>(no change)</i>
Additional Personnel	57.00	58.00 <i>(increase)</i>
12-Lead EKG Acquisition	100.00	100.00 <i>(no change)</i>

Summary

▪ New OCEMSA Rate Schedule and Fee

Modification provides the following City Benefits:

- **Cost savings to the General Fund by the Transfer of Paramedics to the FireMed Program**
- **Overhead Payment to General Fund**
- **Funding of the State-Mandated Quality Assurance Program**
- **Funding of Equipment Replacement**
- **Reduction in Medical Supplies Costs to the General Fund**

Recommendation

- **Motion to:**
 - **Adopt the proposed resolution revising the City's FireMed Fee Schedule for Emergency Medical Services**

**Revision of the
City's FireMed Fee Schedule for
Emergency Medical Services
Huntington Beach Fire Department
January 7, 2008**

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